

**Emergency Medical Services Appropriation (EMSA)
Fiscal Year 2005-06**

Declaration of Intent

Each county is to complete and print their Declaration of Intent (DOI) document.

Please read the three (3) DOI options and related instructions.

Options

All RHS counties have three (3) options concerning EMSA funds. Counties are requested to inform the California Department of Health Services (CDHS) of the option they choose by completing and submitting the enclosed DOI document. The three options are:

- Option 1:** County administers all of its EMSA allocation. This requires a signed Standard Agreement with the CDHS.
- Option 2:** County does not administer its EMSA allocation. This option does not require a signed Standard Agreement with the CDHS.
- Option 3:** County administers a portion of its EMSA allocation, and asks the CDHS to administer the balance. This requires a signed Standard Agreement with the CDHS.

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Declaration of Intent

Instructions

Please follow the steps below in completing and printing your county's Declaration of Intent (DOI) document:

- Step 1: Type your county's name, where indicated.
- Step 2: Check the applicable Option (Option 1, 2, or 3).
- Step 3: Print document.
- Step 4: Obtain Board of Supervisors signature. The Chairperson or duly authorized representative of the Governing Board should sign the original document. If a representative signs, please enclose a copy of the official Board resolution authorizing his or her signature.
- Step 5: Return the original DOI document by September 30, 2005, to the address shown below. Please remember to include the Mail Station (MS) number in the address block of your envelope. **Mail without the MS code will be returned:**

**California Department of Health Services
Office of County Health Services
Attention: County Health Services Unit
MS 5202
P.O. Box 997413
Sacramento, CA 95899-7413**

If you have any questions or need assistance, please contact your County Health Services analyst at (916) 552-8016.

**EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
CHAPTER 80, STATUTES OF 2005 (ASSEMBLY BILL 131)**

**DECLARATION OF INTENT
Fiscal Year 2005-06**

The Rural Health Services County of _____ (hereinafter called the County) notifies the California Department of Health Services (hereinafter referred to as the CDHS), as indicated below, of its intention to administer its EMSA allocation, ask the CDHS to administer the EMSA allocation, or a combination of both. (Commencing with Welfare and Institutions Code Section 16930.)

(CHECK ONE OF THE FOLLOWING)

OPTION 1: _____ Declaration of intent to administer the County's EMSA allocation.

OPTION 2: _____ Declaration of intent **NOT** to administer the County's EMSA allocation. The County authorizes the CDHS to administer the funds through the EMSA Contract Back Program.

OPTION 3: _____ Declaration of intent to administer a portion of the County's allocation and to ask the CDHS to administer the balance.

(CHECK WHERE APPLICABLE)

_____ The County will contract for the CDHS to administer the HSA funds.

_____ The County will contract for the CDHS to administer the PSA/UA funds.

This Declaration has been executed by:

Name: _____
(Authorized Representative of the County Board of Supervisors)

Title: _____

County of: _____

Signature: _____ Date: _____

- Please return the Declaration of Intent to the Office of County Health Services -